

HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

REQUEST FOR REINSTATEMENT OF TITLE IV ASSISTANCE ELIGIBILITY

Under federal law and regulations, a borrower who defaulted on a FFEL loan may have eligibility for Title IV assistance reinstated if the borrower:

1. Requests reinstatement of Title IV eligibility;
2. Provides the documentation needed for this agency to either confirm and/or determine a reasonable and affordable monthly payment amount; and
3. Completes a satisfactory repayment arrangement for reinstatement, which requires a borrower to make six consecutive, voluntary, on-time full monthly payments on a defaulted loan.
 - i. Voluntary payments are made directly by the borrower, and exclude payments obtained by Federal off-set, garnishment, or income or asset execution;
 - ii. Payments are on-time if they are received by HESAA within 20 days of the scheduled due date.

To request reinstatement of Title IV eligibility, or confirm an oral request, please provide a copy of your most recently filed Federal personal income tax return, and/or the HESAA financial statement form, which can be found at www.hesaa.org. Please sign the form where indicated, make a copy for your records, and return the original signed form to **HESAA, PO Box 548, TRENTON, NJ 08625-0548**. Once we receive your request, HESAA will either determine or confirm a previous oral determination of a reasonable and affordable payment amount based upon your financial circumstances.

Caution: Under federal laws and regulations, a borrower may only obtain reinstatement of Title IV eligibility once. A borrower has not used the one opportunity to renew eligibility for title IV assistance if the borrower makes six consecutive, on-time, voluntary, full monthly payments under an agreement to rehabilitate a defaulted loan but does not receive additional title IV assistance prior to defaulting on that loan again.

To participate in this Program, please complete and return this form along with the requested documents to:

HESAA
PO BOX 548
TRENTON, NJ 08625-0548

DO NOT ENCLOSE THIS FORM WITH YOUR PAYMENT

(DETACH HERE)

I am requesting reinstatement of my eligibility for Title IV assistance.

Name: _____

SSN#: _____

Daytime Phone #: _____ Evening Phone #: _____

Signature: _____ Date: _____